



NCHICA Presents the 6th Academic Medical Center Conference

Meaningful Privacy & Security

June 7-9, 2010 • The Friday Center, Chapel Hill, NC

Exhibitor Fact Sheet

Expected Audience Privacy/Security/Compliance Officers, CTOs/IT Support Staff, CIOs, CMOs, University and Medical Center Staff, Research Directors, Attorneys, Consultants
Anyone involved in security and privacy at Academic Medical Centers; health systems and hospitals affiliated with AMCs, research centers and law firms

Target Audience 130

Fee **NCHICA members:** \$800 (thru 4/16/10) \$1,000 (after 4/16/10)
Non-members: \$1,200 (thru 4/16/10) \$1,500 (after 4/16/10)

Fee includes:

- Registration for two exhibit table personnel
- Opportunity to introduce a conference session and give a brief value statement about your company
- All breaks in exhibition area; lunch in Trillium Room on Monday and Tuesday
- Company listing on conference signage, materials and NCHICA website

Exhibitors Space is limited to 10 exhibit tables. Tables will be assigned on a first-come, first-served basis once payment is received. Payment must be received **by May 21, 2010** in order to be listed on the conference signs and program. Exhibits must fit on a 3' x 6' table: pipe and drape is prohibited. The fee includes skirted table, access to electricity (cords not included), and wireless Internet access.

Exhibit Table Set-up:

Monday, June 7, 2010: 7:00 – 7:30 am. Use handicap door next to main entrance.

Table Display Hours:

Monday, June 7, 2010: 7:30 am – 4:30 pm
Tuesday, June 8, 2010: 7:30 am – 4:00 pm

Exhibit Dismantle:

Tuesday, June 8, 2010: 4:00 – 6:00 pm

Materials may be delivered to the Friday Center no more than one week in advance of the conference. Items should include a return address and be addressed as follows:

William and Ida Friday Center
100 Friday Center Drive
Chapel Hill NC 27517

Hold for Arrival

Attention: (Guest Name) and (telephone number)

AMC Conference, June 7-9, 2010

Coordinator: Donna Fitzgerald

If you are using an outside service for post conference pickup, please arrange to have boxes picked up between 8:00 am and 5:00 pm Monday through Friday.

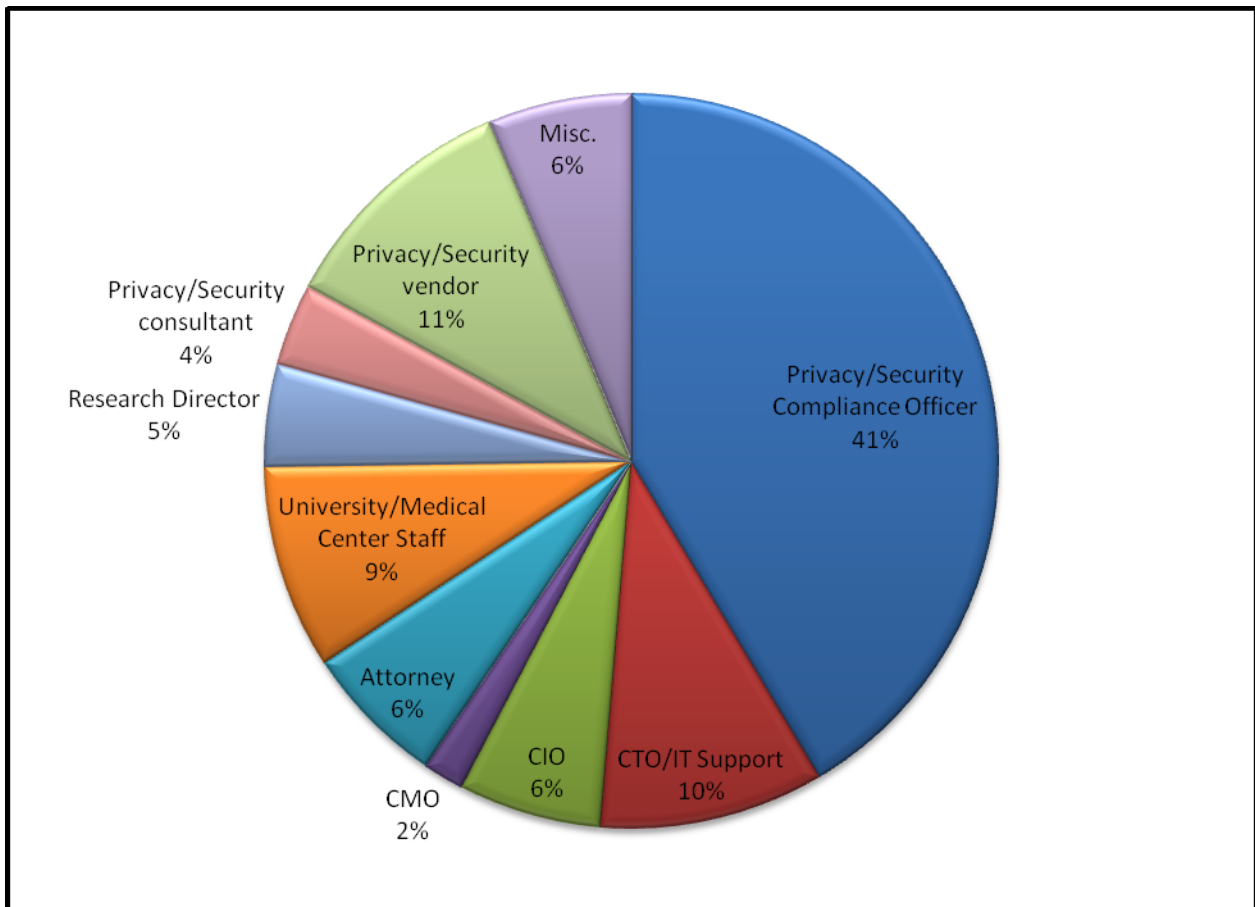
Directions <http://www.fridaycenter.unc.edu/directions/index.htm>

Payment policy Payment is due in full at the time of application. Table assignments will be made when form and payment are received. No exhibitor will be allowed to set up unless paid in full. Members must be in good standing at the time of application and conference. Payment may be made by check (payable to NCHICA) or credit card.

Cancellation policy For exhibit table cancellations received on or before April 16, 2010, the total cost is refundable. For cancellations received between April 16, 2010 and June 1, 2010, 50% of the total cost is refundable. There is no refund for cancellations received after June 1, 2010.

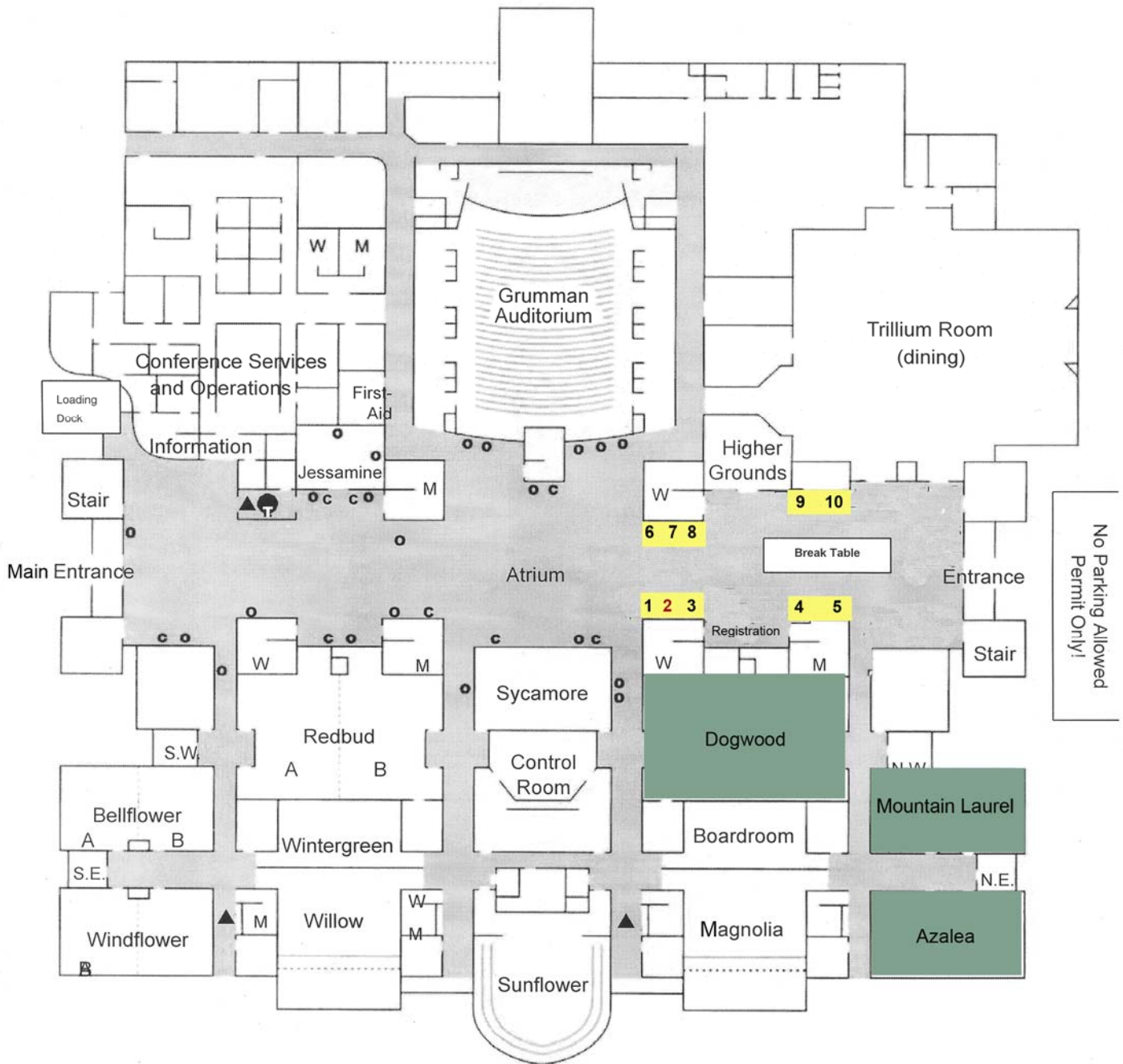
All display items should be firmly supported or securely fastened. The exhibit area will NOT be locked in the evening. NCHICA and the Friday Center are not responsible for any lost or stolen materials and all valuables (e.g., laptops) must be secured by exhibitors any time they are away from their exhibit.

Attendee Profile 2009 AMC Conference



Friday Center Floor Plan

Note: The table number in red is still available.



Exhibitors:

- Table 1: Epic Resources Inc.
- Table 3: CynergisTek, Inc.
- Table 4: Secure Enterprise Computing
- Table 5: Nexus IS, Inc.
- Table 6: Agilysys
- Table 7: Time Warner Cable Business Class
- Table 8: echoBase Software
- Table 9: Anakam Inc.
- Table 10: RealMed Corporation



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Exhibitor Registration Form

Company: _____

Address: _____

City/State/Zip: _____

Fax: _____ Web site: _____

Exhibit Table Personnel

Name: _____ Title: _____

Phone: _____ e-mail: _____

Name: _____ Title: _____

Phone: _____ e-mail: _____

Electrical outlet requested? Y___ N___

Top 3 table choices (see **yellow boxes** in floor plan on page 3): _____

Payment

A check for \$_____ payable to **NCHICA** is enclosed. Tax ID #56-1885202.

Charge \$_____ to my _____ MasterCard _____ VISA _____ American Express

Name as it appears on card: _____

Card # _____ Exp. Date: _____

Authorized Signature: _____

Please complete this form and return with your payment by May 21, 2010 to:
Tara Waechter, NCHICA, PO Box 13048, Research Triangle Park, NC 27709-3048, FAX: 919-558-2198
If you have questions, please contact Tara Waechter at 919-558-9258 x 24, tara@nchica.org